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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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(Document Number)	
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09/11/24--01018--018 **25.00



COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	MARGATE	AUTO REPAIRS & TIRES	LLC			
30001.	C1	Name of Lim	ited Liability Company			
The enc	losed Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspoi	ndence concerning this matter	to the following:			
			N 00			
			Name of Person			
		SOFTBOOKS INC				
			Firm/Company			
		5373 N NOB HILL RD				
			Address			
		SUNRISE, FL 33351				
			City/State and Zip Code			
		INFO@SOFTBOOKSINC.COM				
		E-mail address: (to be used for future annual report not	ification)		
For furtl	her information co	oncerning this matter, please c	all;			
	Name of	Person	at () Area Code Daytin	ne Telephone Number		
			·	•		
Enclose	d is a check for the	e following amount:				
■ \$2 5	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address	::	Street Address:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



MARGATE AUTO REPAIR & TIRES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company w	vere filed on 08/14	1/2024	and assigned
Florida document number 1.24000356346				
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabili	ity company here	: :	
N/A				
The new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company," the des	gnation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicab	ole:	N/A		
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BO	<u>(2X)</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address b	istered office ad here:	dress on our rec	ords, <u>enter the nam</u>	of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florida	i street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	OMER ATHER	2189 N STATE RD 7	■Add
		MARGATE, FL 33063	□Remove
			□Change
			□Remove
			Change
			🗀 Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
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			☐ Change
			□Add
			□Remove
			□Change

N/A	
	(ontional)
re .	date, if other than the date of filing:
ote: If cumen	the date inserted in this block does not meet the applicable statutory many requirements, and the department of State's records.
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
.5 ,1100	
= احدد	
⊪ea <u>0</u>	9/05/2024 ,
	Signature of a member or authorized representative of a member

. . .

Filing Fee: \$25.00